

Registration District No. 732

Primary Registration District No. 4437 5966

1. PLACE OF DEATH:

(a) County. Randolph County
(b) City or town. Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)
In this community. 2
years, months or days

8. (a) PRINT FULL NAME William Hurshman

8. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cassie Hurshman 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February 29 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 14 hr. min.

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 1

12. Name Eli Hurshman

13. Birthplace Vir Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Susanna Robt

15. Birthplace Vir Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Cassie Hurshman

(b) Address Higbee Mo. R.F.D.

17. (a) Buried (b) Date thereof Dec 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burton Cemetery

18. (a) Signature of funeral director E. L. Ireland
(b) Address Higbee Mo. R.F.D.

19. (a) Dec 20 1940 (b) J. W. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Higbee, Mo. R.F.D.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1940 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to December 17 1940

that I last saw him alive on December 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Prostate with metastases

Due to

Due to

Other conditions 51
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 3

23. Signature W. J. Hunsicker (or other) D.O.
Address Higbee, Mo Date signed 12-20-40

RECEIVED

District Health Officer No. 10

District File Number 1-41-106

Date Filed JAN 13 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed C. L. Feltman

Licensed Embalmer No. 1399

P. O. Address Wright Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.